



THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT NORTHEDN DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

LAMOIST ARMSTRONG	RECEIVED
	MAR 1 4 2016 EAG
(Enter above the full name of the plaintiff or plaintiffs in this action)	THOMAS G. BRUTON CLERK, U.S. DISTRICT COUR
THOMAS J. DAKT	Case No:
THOMAS J. DAKT JOHN NOE(S) JANE DOCKS)	16-cv-3327 Judge Milton I. Shadur Magistrate Judge Jeffrey Cole PC7
(Enter above the full name of ALL defendants in this action. Do not	
use "et al.") CHECK ONE ONLY:	
	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if k	nown)
REFORE FILLING OUT THIS COMP	I AINT DI EACE DEEED TO HINCTDUCTIONS EOD

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.

II.

Plair	ntiff(s):
A.	Name: Fitomas J. AART LAMOST ARMSTRONG
B.	List all aliases:
C.	Prisoner identification number:
D.	Place of present confinement: Big Myssy River C.C.
E.	Address: 251 N. ILLINOIS Huy 37, INA, 12 62846
numb	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. per, place of confinement, and current address according to the above format on a rate sheet of paper.)
Defe	ndant(s):
(In A positi	below, place the full name of the first defendant in the first blank, his or her official ion in the second blank, and his or her place of employment in the third blank. Space we additional defendants is provided in B and C .)
A.	Defendant: THOMAS J. DART
	Title: SHERIFF OF COOK COUNTY KUNDIS
	Place of Employment: Cook County SHERIFFS DEPARTMEN
B.	Defendant: John / Jane Doe(s)
	Title: PLUMBING (MAINTONENCE DEPT)
	Place of Employment: Cook Courty JAIL
C.	Defendant: John Jane 1000)
	Title: FACILITIES MANAGEMENT
	Place of Employment: Cook Courty Sail
	ou have more than three defendants, then all additional defendants must be listed ding to the above format on a separate sheet of paper.)

¥e:	Name of case and docket number:
3 .	Approximate date of filing lawsuit:
C .	List all plaintiffs (if you had co-plaintiffs), including any aliases:
	- DIA
	List all defendants:
	N/A
	name the county):
	Name of judge to whom case was assigned: Basic claim made:
	Name of judge to whom case was assigned: Basic claim made:
	Court in which the lawsuit was filed (if federal court, name the district; if state name the county): Name of judge to whom case was assigned: Basic claim made: Disposition of this case (for example: Was the case dismissed? Was it appears it still pending?):

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

DAMAGE TO PLANNITT'S DEKSONAL PROPERTY. (SEE EXHISTO): (C), (8-3)
ALSO SEE ATTREPHA MERADIE GRISIARES (ENTINE (K)).
Court 3) PLANNIFF HOLD THAT COUNT 2 CAME
ADDIT DUE TO RETALITORY ACTIONS BY STATE FOR
GRIEVANCE CORITTED ON COUNT 1.
FURTHER, PLANTIFF IN GOOD FAITH Soughts TO
Romay THE ISSUE @ LOCAL LOVER TO NO AVAIL. AS
A RESULT OF THE ABOUT PLANTIFF HAS LOST PROPERTY
E HAS A FEAR THAT THE STATE MAY ONCE AGAIN LOAVE HIM
IN AN CHISANITARY POSITION & THIS HANDERS 1/2 DAY
To Day FINCTION (ONCE LOCKED IN COL).
EN Complant

V.	Relief:	
00	no cases or statutes.	what you want the court to do for you. Make no legal arguments. Cite
11	loverny / Kan	of FOR LOSS OF PROPERTY & FUNDS DUE 16
Jih	S CAUSE, (2)	DUDITIVE DAMES & SUFTERING.
Appl	CENSIE) & DA	mens Fox Pair & Surreiney.
E	IN ROSSET	
		¥1

VI.	The plaintiff demand	ds that the case be tried by a jury. YES NO
		CERTIFICATION
		By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
		Signed this, 20
		Lampy amstray
		(Signature of plaintiff or plaintiffs)
		Lamont Armstrong
		(Print name)
		M 30464
		(I.D. Number)
		251 N. 1141NOIS Hay 37
		/NA, 12. 62846 (Address)
		(Address)

ATTACHES EXHIBITS (a) GRIEVANCE [DAND 6-2-15] (pg) (b) GRIEVANCE [DARD 6-3-15/199] (C) GRIEVAIX = [DARD (6-15-15] (1pg) (d) GRIEVANCE [DATED 6-16-15] (109) (e) GRIEVANCE [DATED 6-18-15] (199) (f) GRIEVAIXE [DATED 6-20-15/109) (9) GRIEVAXE/ JAMES 6-21-15/(1/9) (h) GRIEVAIXE [DATED 7-18-15] (1pg) (i) GRIEVAIX [[DATED 7-19-15] (199) ()) GRIEVAIXE [DARD 7-24-15] (1P) (K) MISC. GRIEV. THAT IS RECEASE DIE TO BAD GOLD
By SHORIFF'S OFFICE. (2PS) (1) (NORK ORDER (DATED 6-23-15-/(1/25)

Casse: 11: 1166-cox-033332277	1#i cd:039946Page8of222Page 1D##91
COOK COUNTY SHERIFF'S OFFICE. (Oficina del Alguacil del Condado de Cook)	
INMATE GRIEVANCE TO THE INVESTMENT OF THE INVESTMENT O	mate : 0067533 GRIEVANCE NON-GRIEVANCE (REQUE
CO	ODS: CONTROL#
This section is to be completed by Program Services S	Staff - ONLY! (! Para ser lienado solo por el personal de Program Services !)
GRIEVANCE FORM PROCESSED AS:	ATT - UNLT! (! Para ser lienado solo por el personal de Program Services !)
☐ EMERGENCY GRIEVANCE	REFERRED TO:
☐ GRIEVANCE	GERMAK HEALTH SERVICES (
NON-GRIEVANCE (REQUEST)	SUPERINTENDENT:
A Maria Cara Cara Cara Cara Cara Cara Cara	OTHER:
Program Services Supervisor Approving Non-Grievance (Request) Signature	
PRINT - INMATE LAST NAME (Apellido del Preso): A YMS-YOY; PRINT - EIRST NAME (Print)	ATION (Información del Preso)
DIVISION (DIVISION): CAMOINT	iD Number (# de identificación):
LIVING UNIT (Unidad):	3-D) DATE (Focha):
INMATE'S BRIEF SUMMARY OF THE CO	MPI AINT (0
* An inmeter wishing 4 at	CRINT (Breve Resumen de los Hechos del Preso)
"Inmate Disciplinary Hearing Board decisions cannot be grievance is required "When a grievance issue is processed on Nicons cannot be grieved or appear	d to do so within 15 days of the event he/she is grieving. Illed through the use of an Inmate Grievance Request / Response / Appeal Form. Juest or the request is de-
if there has been no response to the roa	Inmate may re-submit the grievance issue after the Appeal Form.
* I as decision	request is deemed unsatisfactory
Va sea process como una QUEJAS NO (PETION), un preso por	o apeladas a través del uso del Formulario de Quejas / Respuesta / Forme de Apeladica.
Date of Incident	- Transit de Control",
Fecha Del Incidente - Hor	ne of Incident - Specific Location of Incident Lugar Especifico Del Incidente)
I made a Complant about t	Ollet nature
may 8, 2015. The plus berry day is	later. the complant some plumber
boil is the plumber come in	ager. the complant was made on
MACE AF W	O USE Dathan
and I me days my Living unit	Divison a 2 2 in aggroom and
So & some hour out the cell twe	enty-three in the cell or lockdown
some thing force use it.	The cell or lockdown
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):	
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:	
and the state of t	INMATE SIGNATURE (Firma del Preso):
SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION	amar instru
SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND S AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS AND APLATION COUNSELOR (P)(h): SIGNATURE:	SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE STAFF VIO
SIGNATURE X	
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	DATE CRW/PLATOON COUNSELOR RECEIVED:
SIGNATURE:	DATE REVIEWED:
FCN-47 (Rev. 09/14)	ALLE DEVIEWED:
WHITE COPY - PROCESAL COM	OW COPY - CRW / PLATOON COUNSELOR PINK COPY INTO
	PINK COPY - INMATE

Casse: 11 116-cov-00333277 | Documentt#: 71 | Filed: 005/05/416 | Paggs-90-off 222 | Paggs-10 | ##492

COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook) INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación) INMATE INFORMATION (Información INMATE FIRST NAME (Primer Nombre): GRIEVANCE / NON-GRIEVANCE (REQUEST) REF CRIMA POTON COUNSELORS SUMMARY OF THE COMPLAINT:	ID Number (# de identificación):
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable): CRW / PLATOON COUNSELOR REFERENCE THIS COUNSELOR REPORT THIS COUNSELOR	
RESPONSE BY PERSONNEL HANDLING REFERBALS RESPONSE BY PERSONNEL HANDLING	1 will although
Superintendents of a division/unit must review all responses to grievances alleging staff use SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE:	of force, staff misconduct and emergency grievances.
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): GRIEVANCE SUBJECT CODE: NON-GRIEVANCE SUBJECT CODE: INMATE'S REQUEST FOR AN APPEAL (Solicitud de A	DATE RESPONSE WAS RECEIVED: (Fecha en due la respuesta fue recibida):
* To exhaust administrative remedies, appeals must be made within 14 days of the * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el todas las posibles respuestas administrativas DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): INMATE'S BASIS FOR AN APPEAL (Base del detaribo para una apelacion):	
ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMAN'S APPEAL? ¿ Apelación del detenido aceptada por el administrador o/su designado(a)? ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador a/ su decision por parte del a	Yes (SI) No
ADMINISTRATOR / DESIGNEE Administrador o / su Designado(a)): SIGNATURE (Firme del Administrador o / su Designado MATE SIGNATURE (Firme del Preso):	O(a)): DNCE (Facha):
-48 (Rev. 09/)4) WHITE COPY - PROGRAM SERVICES YELLOW COPY - CRW / PLAT	DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su epetacion): OON COUNSELOR PINK COPY - INMATE

PINK COPY - INMATE

Case: 1:16-cv-03327 Document #: 1 Filed: 06/09/16 Page 10 of 22 Page+D #:49



COOK COUNTY SHERIFF'S OFFICE

Inmate #:	0560532	3-4		
CODE:	170	FRIEVANCE	NON-GRIEVANCE (REQ	UES
	Hand	Dale	- A DAOF	,

V	(Oficina del Alguacil del Con	idado de Cook)	Immate #	100	RIEVANCE	NON-GRIEVANCE (REQUEST)
	INMATE GRIEVANCE		CODE:	110		CONTROL#
\vee	(Formulario de Queja del Pre			1176	2015	13037
!This sect	tion is to be completed by F	rogram Services S	taff - ON	LY! (! Para ser lie.	nado solo por el pers	sonal de Program Services !)
GRIEV	ANCE FORM PROCESSED	AS:		REFERRED TO:) 7	
	EMERGENCY GRIEVANCE			☐ CERMAK H	EALTH SERVICES	
	GRIEVANCE	文		SUPERINTE	NDENT:	
l B	NON-GRIEVANCE (REQUEST)	İ	OTHER:	cilities	Management
Pro	gram Services Supervisor Approving Non-G	idevance (Request) Signature	_			9
		INMATE INFORM			io)	
1	NAME (Apellido del Preso):	PRINT - FIRST NAME (PI	rlmer Nombre	x	ID Number (# de identi	
DIVISION (Division):	trong	LIVING UNIT (Unided):	<u> </u>	140	201408	27267
9		3-0				1 15 1 15
	INMATE'S BRIEF SU	IMMARY OF THE C	OMPLAI	NT (Breve Resume	n de los Hechos del .	Presoj:
* Inn * When a g	nate Disciplinary Hearing Board decisio grievance issue is processed as a NON	g to file a grievance is requing cannot be grieved or ap I-GRIEVANCE (REQUEST) as been no response to the	pealed throu	gh the use of an Inmate	Grievance Request / Res	sponse / Appeal Form. o obtain a "Control Number"
* Las decision * Cuando un	na queja se procesa como una QUEJAS Na queja se procesa como una QUEJAS	llenar una queja, se le requ o, no podrán ser cuestionad o NO (PETICIÓN), un preso a porque no hay una respu	das o apelad o podría re-s	las a través del uso del l ometer una Queia desor	Formulario de Quejas / Re Jés de los 15 días pero re	
*		Date of Incident - Fecha Del Incidente -	Time of Inc	ident - Spec ncidente - Luga	ific Location of Incident)
All through	gh the month of do	ine it been	Bain	ing hard	lauceas	the sound of
	leating with water				Cause of	the rained ceiling
hoppen .	I have been towns	with lasking	(119	1111	d Several fin	les And nothing
one didn't	I have been trying	Fit T	cerin	a little 9	ver two we	ek now. And no
even that	but Ve day	11 . Inis 18	in ru	nan. Incs Ulo	Tate my living	conditions not
	but the doyroo	m certing 1	earing	100. INE	COOK count	y dail's Immate
en chan	lac V . C	I have the	19:15	to cleo	n and sor	itary hring condict
ien chap	ter three of:	I nmote n	ghts	· · · · · · · · · · · · · · · · · · ·		
ACTION THAT YOU ARE	REQUESTING (Acción que esta solicitano			*		
TOTAL TOTAL	The document of the same spinetistic	ю;:				340
					4300	
NAME OF STAFF OR INM Nombre del personal o pr	MATE(S) HAVING INFORMATION REGARD resos que tengan información):	ING THIS COMPLAINT:		INMATE SIGNATURE	(Figma del Preso):	
Lamont	firmstrong		æ	domos	ametre	
SUPERINTENDENTS AND EMER	S / DIRECTORS / DESIGNEES OF A D	IVISION/UNIT MUST REVI	EW AND SIG	ON ALL GRIEVANCES A	ALLEGING STAFF USE O	OF FORCE, STAFF MISCONDUCT,
BW/PDATOON COUNS		SIGNATURE:			DATE CRW/PLATOON CO	THE STATE OF THE S
& UMO	PAUN	St			6	15015
UPENINTENDENT / DIRE	ECTOR/DESIGNEE (Print):	SIGNATURE:	}		DATE RÉVIEWED:	180113
-cu -ut affer a celebratic de la 1999 de 1999	3		_			
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COOK COUNTY SHERIFF'S OFFICE (Officina del Alguacii del Condado de Cook)

GRIEVANCE NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación)

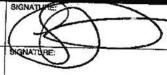
· ·		, do , policiony	120	15 13031
INMATE LACT MALE (A. T.	INMATE INFORM	ATION⁵(Información de	el Preso)	
INMADE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (P)	rimer Nombre):	ID Number (# de	Identificación):
The second secon	NCE / NON CRIEVANC	E (BOUEST) BEEF	0019	10521261
CMERGENOT GRIEVANCE	NCE / NON-GRIEVANC S ARE THOSE INVOLVING AN	MMEDIATE THREAT TO T	KKAL & RESPONS THE WELFARE OR SAFI	SE ETY OF AN INMATEX
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COM	MPLAINT:			277 OF ACTIONATE
- 170 COVI	na Conc	ditions		
)		7 7 7	-
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (III	(applicable):			
CRW/PLATOON COLINGELON REFERRED THIS GRIEDAN	TEUREQUEST TO (Example Supe	arintende: Cormak Health service	ces, Personnel):	DATE BESERBED
RESPONSE BY PERSONNEL HANDLING REFERRAL:	was no	ER 14AS	3	A 11011C
TO CHECK SAID	COM DIA	<u> </u>	deen	SUBHITTED)
	- One pent (.	<u> </u>		
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:		DIV. / DEPT.	DATE:
Den DaniEC	Don i	Level	MINGA	6 123 115
Superintendents of a division/unit must rev SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	view all responses to grieva	ances alleging staff use	of force, staff misco	nduct and emergency grievance
SOURCE (Print):	SIGNATURE:		DIV. / DEPT.	DATE
ION-GRIEVANCE (REQUEST) SUBJECT CODE (Check appl	- 1 A A A A A A A A A A A A A A A A A A	RE (Firma del Preso):		DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT CODE:	- I Jan	Na -		(Fecha en que la respuesta fue recibida).
NON-GRIEVANCE SUBJECT CODE:	dame	AF OLYMISC	THE STATE OF THE S	6 30 15
INMATE	'S REQUEST FOR AN A	PPEAL (Solicitud de A	Apelación del Preso)	
* To exhaust administrative reme				
* Las apelaciones tendrán que	ser sometidas dentro de la	os 14 dies: a partis que	of areas and this s	eceived the response.
	todas ido posibles le	sopuesias autimistrativa	ei preso recibio la res as.	spuesta para agotar
DATE OF INMATE'S REQUEST FOR AN APPEAL: (F		acion del detenido);	//	
NMATE'S BASIS FOR AN APPEAL (Base del detenido para un	na apelacion):		·	
			-	
ADMINISTRATOR / DESIGN	NEE'S ACCEPTANCE OF	NMATEIC ADDITION	V- 4	2/1
¿ Apelación del detenido ac	eptada por èl administrado	or o/su designado(a)?	Yes (SI) No
DMINISTRATOR / DESIGNEE'S DECISION OR RECOMMEND	ATION (Decision o recomendacion p	or parte del administrador o / su	designado(a)):	_
			TANA CANADA	
			7.	
MINISTRATOR / DESIGNEE (Administrator o / su Designado	(a): SIGNATURE (Fire	na del Administrador o / su Desig	gnedo(a)):	DATE (Fecha):
			7.1 1.30 5 5	Process Tables T
MATE SIGNATURE (Firma del Preso):			DATE INMATE BECE	IVED APPEAL RESPONSE:
			(Fectra en que el Pres	to recibio respuesta a su apelacion):
-48 (Rev. 09/14) WHITE COPY	- PROGRAM SERVICES	VELLOW CORY - CRW /		_//

Case: 1:16-cv-03327 Docu	ment #: 7 File	d: 06/09/16 Page	12 of 23 PageID	#:48
COOK COUNTY SHERIFF'S		27533		V-GRIEVANCE (REQUEST)
(Oficina del Alguacil del Condado INMATE GRIEVANCE FORI		40	CONTR	OE#
(Formulario de Queja del Preso)	3 0	19	NIFT	
! This section is to be completed by Program S	ervices staff - ONLY	(! Para ser llenado solo	por el personal de Progra	am Services !)
GRIEVANCE FORM PROCESSED AS:		REFERRED TO:		
☐ EMERGENCY GRIEVANCE		☐ CERMAK HEALT		* * * * *
GRIEVANCE		SUPERINTENDE		ervice
NON-GRIEVANCE (REQUEST)	,	OOTHER:	Dirace of	STUIL SC
Program Services Supervisor Approving Non-Grievance (Re	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS			
	ITE INFORMATION	(Información del Preso)	ID Number (# de Identificación)	
Aimstrona	Amont		201405278	67
DIVISION (Division):	ING UNIT (Unidad):		DATE (Fecha):	
1 201 6	3 D	I AIN'T (C		3/15
INMATE'S BRIEF SUMMAF		do so within 15 days of the even		
Immate Disciplinary Hearing Board decisions can * When a grievance issue is processed as a NON-	not be grieved or appeale	d through the use of an inmate C	rievance Request/Response//	Appeal Form.
		equest or the response is deeme		ranta Control
* Un preso que desea llenar un	na queja, se le requiere q	ue lo haga dentro de los 15 días	después del incidente.	
Las decisiones del Comité Disciplinario de los presos, no po Cuando una Queja se procesa como una QUEJAS NO (I	PETICION), un preso podri	ía re-someter una Queja despué	s de los 15 días para recibir un	"Numero de Control",
		e of Incident - Specific	actoria.	
	Del Incidente - Hon		Específico Del Incidente)	
It been two weeks an	d neixer mo	t a response	on my Gares	ionse,
about my toilet not work	flushing An	d the planiber	come twen	fy days
later leaving me in the cel	1 with of	pilet that don	4 flush wh	ich was
Inhuman and violate my	living Londi	tions, Cook	county De	partment
of corrections Immote I	nformation	hond Book .	Say I have	to being
housed in a cell that	has a fun	ctioning trile	<i>f</i> 1	
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):				
	*			
		A Marine		- *
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING TH	IIS COMPLAINT:	A CONTRACTOR OF THE PARTY OF TH	JRE (Firma del Preso):	
(Nambre del personal o presos que tengan información:)		Lamer	amother	
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/				
AND EMERGENCY GRIEVANCES. IF THE INMATE GRI	SIGNATURE:	OS NATURAL, INC. SUPERINTE		COUNSELOR RECIEVED:
HWAXIIT	101		101	13/5
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE		DATE REVIEWED:	
			· · · · / ·	
FCN-47)(NOV 11) (WHITE COPY - PROC	GRAM SERVICES)	YELLOW COPY - CRW/PL	ATOON COUNSELOR)	(PINK COPY - INMATE)

C	ase: 1:16-cv-03327	7 Document #: 1 Fi	led: 06/09/16 Pa	ge 13 of 23 P	ageID-#:16
	COOK COUNTY SH (Oficina del Alguacil del C INMATE GRIEVANC (Formulario de Queja del I	Condado de Cook) Inmete *	0567533 330	☐ GRIEVANCE	NON-GRIEVANCE (REQUEST
!This sect	tion is to be completed by	Program Services Staff	- ONLY! (! Para sertifer	nado solo por el Perso	anal do Program Saniesa II
GRIEV	ANCE FORM PROCESSE	DAS:	REFERRED TO:	- C	and de Program Services!)
	EMERGENCY GRIEVANCE			EALTH SERVICES	**
	GRIEVANCE		SUPERINTE		
X	NON-GRIEVANCE (REQUES	ST)	OTHER:	The state of the s	
Fro	gram Services Supervisor Approving Non				54 6
PRINT - INMATE LAST	NAME (Apellido del Preso):	INMATE INFORMATI	ON (Información del Prese		
Armstr		LAMont	ombrej:	10 Number (# de identific 2014/05	
DIVISION (Division):	4 g	LIVING UNIT (Unidad):		DATE (Fecha):	
	INMATE'S BRIEF S	SUMMARY OF THE COM	PI AINT /Breve Pesumon	do los Hasharda I	1_20_1_15_
June 18, off locke Stucked been le	"Un preso que desdes del Comité Disciplinario de los preso queja se procesa como una QUEJ, ya : PLEASE INCLUDE: (Por Favor, Incluya:	ea lienar una queja, se le requiere eso, no podrán ser cuestionadas o AS NO (PETICIÓN), un preso podrísea porque no hay una respuesta de Date of Incident - Time Fecha Del Incidente - Horz COUNTY - COUN	que lo haga dentro de los 15 día apeladas a través del uso del Fica re-someter una Queja despué a porque la respuesta es insatisfico de Incidente - Specific Del Incidente - Lugar. A Lackschaulo Ce nada a 5 de hour Spent	saustactory. Is después del incidente. comulario de Quejas / Res és de los 15 días para reci factoria. Ic Location of Incident Específico Del Incidente) LOCATION OF LOCATE ADDER OF LOCATE AD FITHY OF Create	puesta/Forma de Apelación. bir un "Numero de Centrol", 2015 We. Carne, talk to my family Cell the Celling
					
		*			
ACTION THAT YOU ARE F	REQUESTING (Acción que esta solicitar	ndo):			
			 		
	•		*		
NAME OF STAFF OR INMA (Nombre del personal o pre-	TE(S) HAVING INFORMATION REGAR sos que tengan información):	DING THIS COMPLAINT:	INMATE SIGNATURE (Firma del Praso):	
		NV.	Lamen	dimstre	nt
SUPERINTENDENTS AND FMER	/ DIRECTORS / DESIGNEES OF A DESIGNEES OF A DESIGNEES OF A DESIGNEES OF THE INMA	DIVISION/UNIT MUST REVIEW AN	D SIGN ALL GRIEVANCES ALI	LEGING STAFF USE OF	FORCE, STAFF MISCONDUCT

FCN-47 (Rev. 09/14)

FRINTENDENT/DIRECTOR/DESIGNEE (Print):



DATE REVIEWED:

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

Ca the Ca	ase: 1:16-çv-03327 D	/ / -	- // - (-) / -	e 14 of 23 Pag	jeID #: 47
COK COURS /	COOK COUNTY SHEE	RIFF'S OFFICE	000.010	/ □ GRIEVANCE : [NON-GRIEVANCE (REQUEST)
	(Oficina del Alguacii del Cond INMATE GRIEVANCE	7 1, 10	01020		CONTROL#
	(Formulario de Queja del Pre		100		IA
!This sec	tion is to be completed by P	rogram Services Staff - C	NLY! (/ Paga serflen	ado solo por el persona	al de Program Services I)
	ANCE FORM PROCESSED		REFERRED TO:		
	EMERGENCY GRIEVANCE			ALTH SERVICES 🖑	
	GRIEVANCE		SUPERINTEN	NDENT:	
Ų . ∇	NON-GRIEVANCE (REQUEST)		OTHER: I	nmate	Sarvice
Pro	ogram Services Supervisor Approving Non-Gr	ievance (Request) Signature			Property of the second
		INMATE INFORMATION	(Información del Preso)	
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14		3-D	and the same of th		21 1 15
	INMATE'S BRIEF SU	MMARY OF THE COMPL	AINT (Breve Resumen	de los Hechos del Pre	so):
*Inc	* An inmate wishing	g to file a grievance is required to do	so within 15 days of the eve	ent he/she is grieving.	
* When a	mate Disciplinary Hearing Board decision grievance issue is processed as a NON-	GRIEVANCE (REQUEST), an inma	to may re-submit the grievan	ice issue after 15 days to ob	se / Appeal Form. tain a "Contro(Number"
	• Un preso que desea	is been no response to the recrest of the recrest of the second of the s	lo hana dentro de los 15 dla	e doonuée dal incidente	
* Las decision * Cuando un	nes del Comité Disciplinario de los preso na queja se procesa como una QUEJAS	no podrán ser cuestionadas o ane	ladas a través del uso del Fr	rmulario de Ouelas / Perou	esta / Forma de Apelación.
	ya ses	a porque no hay una respuesta o po	rque la respuesta es Insatist	actorie.	
			Incident Specif Il Incidente Lugar	ic Location of Incident Especifico Del Incidente)	
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SUPERINTENDENT:	S / DIRECTORS / DESIGNEES OF A DI	VISION/UNIT MUST REVIEW AND	SIGN ALL GRIEVANCES A	LLEGING STAFF USE OF F	ORCE, STAFF MISCONDUCT,
CRW/PLATOON COUNS	RGENCY GRIEVANCES. IF THE INMAT	SIGNATURE:	S NATURE, THE SUPERINT	ENDENT MUST INITIATE IN DATE CRYMPLATION COUNTY	
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* COOK COUNTY SHERIFF"	ocument #: 1 i	-11ed: 08/49/16 P	GRIEVANCE NOT	N-GRIEVANCE (REQUEST)
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INMATE GRIEVANCE FOR (Formulario de Queja del Preso)		// Para ser llenado so	lo por el personal de Prog	ram Services !)
1 This section is to be completed by Program	Services staff - UNLT	REFERRED TO:		
GRIEVANCE FORM PROCESSED AS	:	CERMAK HEAL	TH SERVICES OF	
☐ EMERGENCY GRIEVANCE		SUPERINTENT	DENT:	
GRIEVANCE		OTHER:		
NON-GRIEVANCE (REQUEST)	10	1 Olhen.	Section (Section (Sec	
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	LA mont		DATE (Fechal)	
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* When a grevance issue in p	a har been no response to	Melodus		
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Un preso que desea II Las decisiones del Comité Disciplinario de los presos Cuando una Queja se procesa como una QUEJA ya se	enar una queja, se le loqui a, no podrán ser cuestionad	las o Apeladas a través del uso	del Fondulario de Questos después de los 15 días para reci	bir un "Numero de Control",
* Las decisiones del Comité Disciplination de una QUEJA * Cuando una Queja se procesa como una QUEJA	S NO (PETICION), un preso na norque no hay una respu	pudría re-someter una Quejo de esta o porque la respuesta es l	insatisfactoria.	
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NAME OF STAFF OR INMATE(S) HAVING INFORMATION (Nombre del personal o presos que tengan información:) SUPERINTENDENTS/DIRECTORS/DESIGNEES OF AND EMERGENCY GRIEVANCES. IF THE	TRUM THAT WAS	REVIEW AND SIGN ALL'GRIE	VANCES ALLEGING STAFF US	E OF FORCE, STAFF MISCOND
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF	INMATE GRIEVANCE IS	OF A SERIOUS NATURE, THE	DATE CR	W/PLATOON COUNSELOR RECIEVE
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a pare			DATE RE	EVIEWED:
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SUFFERENCE			PY - CRW/PLATOON COUNSE	ELOR) (PINK COPY - IN
	CORY - PROGRAM SERV	(YELLOW CO	PY - CKW/FERTOCK GOSINGS	MENTAL SE

COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook) INMATE GRIEVANCE FORM (Formulario de Queja del Preso) I This section is to be completed by Program Services staff - ONLY	Filed: 08/100/36 Page 10 of 28 Page ID #:40 GRIEVANCE NON-GRIEVANCE (REQUEST) CONTROL # (! Para ser Ilenado solo por el personal de Program Services !)
PRINT - INMATE LAST NAME (Apellido del Preso): Inmate Disciplinary Hearing Board decisions cannot be grieved or apply when a grievance issue is processed as a NON-GRIEVANCE (REQUEST) * Un preso que desea Ilenar una queja, se le require "Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso ya sea porque no hay una resput (Por Favor, Incluya: Fecha Del Incidente -	CERMAK HEALTH SERVICES ON (Información del Preso) Der Nombre): ON (Información del Preso) Der Nombre (# de Identificación): ON (Información del Identificación): ON (Información d
ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado): NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT (Nombre del personal o presos que tengan información:) SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS SIGNATURE SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE (FCN-47)(NOV 11)	T REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. DATE CRW/PLATOON COUNSELOR RECIEVES DATE REVIEWED: (PINK COPY - IN

ev-03327 Document #: I Filed: 06/09/16 Page 17 of 22 PageID #:50 NON-GRIEVANCE (REQUEST) GRIEVANCE COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook) CODE INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación) INMATE INFORMATION (Información del Preso) LAST NAME (Apellido del Preso) GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN IMMATE) CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT: IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable): HIS GRIEVANCE* REQUESTXO (grappie: Superintendent, Cermak Health services, Personnel): CRW / PLATOON COUNSELOR HEFER RED T RESPONSE BY PERSONNEL 3-0 DATE: DIV. / DEPT. PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances. SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): DATE RESPONSE WAS RECEIVED: INMATE SIGNATURE (Firms del Preso): NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): GRIEVANCE SUBJECT CODE: Mailed to NON-GRIEVANCE SUBJECT CODE: INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso) * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response. * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion): No Yes (SI) ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? ¿ Apelación del detenido aceptada por el administrador o/su designado(a)? ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(e)): DATE (Fecha): SIGNATURE (Firma del Administrador o / su Designado(a)): ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): DATE INMATE RECEIVED APPEAL RESPONSE:

WHITE COPY - PROGRAM SERVICES

PINK COPY - INMATE

YELLOW COPY - CRW / PLATOON COUNSELOR

INMATE SIGNATURE (Firma del Preso):

FCN-48 (Rev. 09/14)

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Case: 1:16-cv-03327 Document #: 1 Filed: 06/09/16 Page 19 of 22 PageID #:52

	COOK COUNTY SH (Oficina del Alguecil del C		* * Z#	GRIEVANCE	NO.N-GRIEVANCE (REQUEST)
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* =	o excheus: eciministrative rem	nacisa, appaala must be mida	within 14 days of the c	lats the inmate rec	sived the response.
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Facility Management # 972342 DOC # DOC15-11535		Description of Problem
6/23/20	15 8:02:00 AM	6/23/2015 8:02:00 AM
Unit / Name	Location of Problem Division: Division 9	Work Type: Engineer
S	2854 West 31st Street	Problem: PLEASE CHECK FOR ROOF LEAK . (COMPLAINTS OF LEAKS WHEN IT RAINS)
Floor:	Location: 3D-3392	Misc:
Facility #;	*	Resolution:
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Email: Work Order Coord	nator: Ben Daniel	Reviewed by Supervisor Closed Ticket
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Case: 1:16-cv-03327 Document #: 1 Filed: 06/09/16 Page 21 of 22 PageID #:84 AFFIDAUNT I MICHAEL S. WILSON * ROLLIS OF Big Musay RIVER C.C. DO SWARE CLOSER CASH & PENMIN OF PORPLACY THAT, I ADVOCATED FOR Mr. Lamost Arnstrong # m30464 & Compand TIME EXCUSED 1983" AS THE PLANNIF 13 KLIPERANE TO LEGAL PROCEDURES. FARME TO PROUNT presence we somercy would this this AcTON. Franket Affrest Sayerd Not. Michael S. WILSON # ROGIS 251 N. ILLINOIS Hay 37

Case: 1:16-cv-03327 Document #: I Filed: 06/09/16 Page 22 of 23 PageID #:88 AFFIDAULT I MICHAEL S. WILSON * ROLLIS OF BIG Mussy RIVER C.C. Do Sware UNDER DATH & PENNING OF PORPLACY THAT, I ADVOCATED FOR THE EXCUSED "1983" AS THE PLANTIFF IS MILITARIANE TO LEGAL PROCEDURES. FARME TO PROUDE present w/ ATTENCY WORD HODER HIS ALTION. FURTHER AFFICAT SAJETH NOT. 13/ Michael S. WILSON #ROGIS 251 N. ILLINOIS Hay 37 12, 62846

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IS FROM AN INMATE OF THE ILLINOIS

251 N. NUMBES HAS 37

Magistrate Judge Jeffrey Cole PC7 Judge Milton I. Shadur 16-cv-3327